# **ARTICLE VIII**

# STATUS OF PERSONNEL

The Agreement Between the Parties to the North Atlantic Treaty Regarding the Status of Forces, dated 19 June 1951, and subsequent amendments and annexes shall apply to exchange personnel performing duties under this Agreement.

## ARTICLE IX

# SETTLEMENT OF DISPUTES

Disputes arising under or relating to this Agreement shall be resolved only by consultation between the Parties and shall not be referred to an individual, a national or international tribunal, or to any other forum for settlement.

#### ARTICLE X

## ENTRY INTO FORCE, AMENDMENT, DURATION AND TERMINATION

- 10.1. All activities of the Parties under this Agreement shall be carried out in accordance with the national laws and regulations of the Parties.
- 10.2. In the event of a conflict between an Article of this Agreement and any Annex to this Agreement, the Article shall control.
- 10.3. This Agreement may be amended by the mutual written consent of the Parties.
- 10.4. This Agreement may be terminated at any time upon the written consent of the Parties. In the event both Parties consent to terminate this Agreement, the Parties shall consult prior to the date of termination to ensure termination on the most economical and equitable terms.
- 10.5. Either Party may terminate this Agreement upon 180 days' written notification to the other Party. Such notice shall be the subject of immediate consultation by the Parties to decide upon the appropriate course of action. In the event of such termination, the following rules apply:
  - 10.5.1. The terminating Party shall continue participation, financial or otherwise, up to the effective date of termination.
  - 10.5.2. Each Party shall pay the costs it incurs as a result of termination.
  - 10.5.3. All information and rights therein received under the provisions of this Agreement prior to the termination shall be retained by the Parties, subject to the provisions of this Agreement.
- 10.6. The respective rights and responsibilities of the Parties regarding Article VI (Security) and Article VIII (Status of Personnel) shall continue notwithstanding termination or expiration of this Agreement.
- 10.7. This Agreement, which consists of ten (10) Articles and three (3) Annexes, shall enter into force upon signature by both Parties and shall remain in force for ten (10) years. It may be extended by written agreement of the Parties.

IN WITNESS WHEREOF, the undersigned, being duly authorized by their governments, have signed this Agreement.

**DONE** at Washington, D.C., this seventh day of July 1998, with copies, in the English language, furnished to the Parties.

FOR THE DEPARTMENT OF DEFENSE OF THE UNITED STATES OF AMERICA

WALTER B. SLOCOMBE

Under Secretary of Defense for Policy

FOR THE MINISTRY OF DEFENSE OF THE KINGDOM OF DENMARK

ANDERS TROLDBORG

Permanent Secretary of State for Defense

#### ANNEX A

# PROCEDURES FOR ADMINISTERING THE EXCHANGE OF ADMINISTRATIVE AND PROFESSIONAL PERSONNEL

- 1. This Annex to the Agreement between the Department of Defense of the United States of America and the Ministry of Defense of Denmark, regarding the Exchange of Administrative and Professional Personnel, provides the administrative procedures for assigning such personnel from one Party to a Host Organization of the other Party.
- 2. A position description shall be prepared and provided to the Parent Party by the Host Party or Executive Agent for each exchange position. The position description should contain the following information:

#### -- Title of Position:

- --Position Location: (Identify the organization or office to which the exchange person will be assigned and provide a description of the mission and functions of the organization or office.)
- --Qualifications/Skills Required for Position: (Describe the education, experience, and skills that are required for the position.)
- -Description of Specific Duties: (Describe the specific duties that the exchange person will perform.)

### --Supervisor:

Name:

Title/Grade:

Address/Phone Number:

- -Security Clearance Required: (Indicate the level of security clearance required to perform the specific duties described for the position.)
- 3. Following acceptance of the position description by the Parent Party, the Host Party or Executive Agent shall notify the Host Organization of the exchange person's arrival date. The Host Organization shall, in turn, notify the respective supervisor of the arrival of the exchange officer. The Host Organization shall appoint a sponsor, usually the supervisor, to correspond with and meet the exchange person on his or her arrival to assist with the necessary living arrangements and orientation.
- 4. The Host Organization shall arrange a briefing for the exchange person, to include his or her duties, responsibilities, entitlements, and applicable laws and policies. The briefing should be conducted in coordination with a representative of the Parent Party's military representative in country.
- 5. The Host Organization shall arrange for appropriate end-of-assignment ceremonies and outbriefings. A certificate of appreciation or appropriate form of recognition may be presented to the exchange person. The Host Organization shall provide a debriefing, including a reminder on security responsibilities, and give the exchange person an opportunity to comment on his or her experience during the assignment.

#### ANNEX B

## CERTIFICATE OF CONDITIONS AND RESPONSIBILITIES

I understand and acknowledge that I have been accepted for assignment to the (cite the DOD/MOD Host Organization) pursuant to an agreement between the Department of Defense of the United States of America and the Ministry of Defense of the Government of Denmark. In connection with this assignment, I further understand, acknowledge, and certify that I shall comply with the following conditions and responsibilities:

- 1. The purpose of the assignment is to gain knowledge of the organization, management, and operation of the Host Party. There shall be no access to information except as required to perform the duties described in the position description of the position to which I am assigned, as determined by my designated supervisor.
- 2. I shall perform only functions which are properly assigned to me as described in the position description (PD) for my assignment and shall not act in any capacity on behalf of my government or my Parent Party or Parent Organization.
- 3. All information to which I may have access during this assignment shall be treated as information provided to my government in confidence and shall not be further released or disclosed by me to any other person, firm, organization or government without the prior written authorization of the Host Party.
- 4. When dealing with individuals outside of my immediate office of assignment on official matters, I shall inform such individuals that I am a foreign exchange person.
- 5. I have been briefed on, understand, and shall comply with all applicable security regulations of the Host Party and the Host Organization.
- 6. I will immediately report to my designated supervisor all attempts to obtain classified, restricted, proprietary or controlled unclassified information to which I may have access as a result of this assignment.

(Signature)		
(Typed Name)	_	
(Rank/Title)		
(Date)		

# **ANNEX C**

( ) One-Time ( ) Recumng			Annex(es	s)	
(X) Extended			()Yes	•	
( ) Emergency	<del></del>		( ) No		
1. REQUESTER:	ADMINISTRA	ATIVE DATA	A DATE: / /		
TO:			VISIT ID:		
	·				
REQUESTING	REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY				
2. NAME:					
POSTAL ADDRESS:					
E-MAIL/FAX NR.:	T AGENCY OR INDU	CTDIAL FA	TELEPHONE NR.:		
GOVERNIZIA	TAGENCT OR INDO	STRIALTA	COLOTT TO BE VISITED		
3. NAME: ADDRESS:					
ADDRESS.					
E-MAIL/FAX NR.:			TELEPHONE NR.:		
POINTS OF CONTACT:			TELET HONE WAY		
4. DATES OF VISIT: / / TO	) // (/	/ TO	/ / )		
5. TYPE OF VISIT:			EACH COLUMN)		
(X) GOVERNMENT INITIATIVE  ( ) COMMERCIAL INITIATIVE			D BY REQUESTING AGENCY ATION OF THE FACILITY TO B	E VISITED	
6. U.S. DOD - DANISH MOD ADMINI AGREEMENT		FESSIONA	L PERSONNEL EXCHANGE		
7. ANTICIPATED LEVEL OF CLASSI	FIED INFORMATION	TO BE INV	OLVED:		
8. IS THE VISIT PERTINENT TO:	-		SPECIFY:		
A SPECIFIC EQUIPMENT OR WEA	PON SYSTEM	( )			
FOREIGN MILITARY SALES OR EX		()			
A PROGRAM OR AGREEMENT A DEFENSE ACQUISITION PROCE	:00		OD-MOD ADMINISTRATIVE AN PROFESSIONAL PERSONNEL!		
OTHER	-00	• •	AGREEMENT	LXOI I/ III CL	
9.	PARTICULA	NDO OE VII	NTODE		
<b>6</b> .	PARTICULA	ARS OF VIC	i i Ordi		
NAME: DATE OF BIRTH: / / SECURITY CLEARANCE: POSITION: COMPANY/AGENCY:	PLACE OF I ID/PP NUMBER:	BIRTH:	NATIONALITY:		
NAME: DATE OF BIRTH: / / SECURITY CLEARANCE: POSITION: COMPANY/AGENCY:	PLACE OF I ID/PP NUMBER:	BIRTH:	NATIONALITY:		

# REQUEST FOR VISIT (CONTINUATION)

VISIT ID NUMBER:			
10. THE SECURITY OFFICER OF	THE REQUESTING GOVERNMENT AGENCY OR IN	DUSTRIAL FACILITY:	
NAME: SIGNATURE:	TELEPH	TELEPHONE NR.:	
11.	CERTIFICATION OF SECURITY CLEARANCE:	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
NAME:	Г	STAMP	
ADDRESS:			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(OPTIONAL)	
TELEPHONE:	•		
SIGNATURE:			
	QUESTING NATIONAL SECURITY AUTHORITY:		
NAME:	,		
	Г	CTAMP	
ADDRESS:		STAMP	
TELEPHONE:		(OPTIONAL)	
SIGNATURE:	·		
13.	REMARKS:		
13.	REMARKS.		
14. Knowledgeable U.S. Person:	Organization:		
Phone:	Organization	<del></del>	
15. Embassy Point of Contact:			
Phone:	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
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## **DETAILED INSTRUCTIONS FOR COMPLETION OF REQUEST FOR VISIT**

**TOP PORTION** 

Mark type of visit and indicate if any annexes are included.

1. ADMINISTRATIVE DATA

"Requester" is the Embassy submitting the request. Identify appropriate Defense Visit office which the visit is being sent. Include date of request and an Embassy visit number.

2. REQUESTING GOVERNMENT AGENCY OR INDUSTRIAL FACILITY Full name and postal address, to include city, state, postal zone, and phone numbers, as applicable.

3. GOVERNMENT AGENCY OR INDUSTRIAL FACILITY TO BE VISITED

Full name and full address, to include city, state, zip code, and e-mail or fax number. Mention the name and telephone of the main point of contact or person who made the appointment for the visit, if available. Embassies using U.S. Foreign Visits System must fill in Cage Code for DoD and commercial visits.

REMARKS: 1) The zip code is very important since there can be different facilities of the same company.

2) Only one agency or facility can be listed.

 For commercial visits, a fax number is extremely important for timely notification of visit approvals.

4. DATES OF VISIT

The actual date or period of time (date-to-date) of the visit by "day-month-year." If possible, indicate an alternate date or period in brackets.

5. TYPE OF VISIT

Mark one item in each column as indicated.

6. SUBJECT TO BE DISCUSSED/ JUSTIFICATION Give a brief description of the subject(s) motivating the reason for the visit. Be specific and clear (no unexplained abbreviations). Provide justification for the visit. If a liaison officer or exchange officer is being assigned, so indicate and provide Memorandum of Understanding or Agreement title/number, if applicable.

 ANTICIPATED LEVEL OF CLASSIFIED INFORMA-TION TO BE INVOLVED Mention TOP SECRET, SECRET, CONFIDENTIAL, RESTRICTED or UNCLASSIFIED, as applicable.

8. IS THE VISIT PERTINENT TO

Mark the appropriate line yes (Y) and specify the full name of the project/program, FMS case, etc. Marking yes only is an incomplete entry. The number of the programs, etc., is essential. If the number is not known, indicate UNK. If the number is not available, the request may be delayed. Use common abbreviations only.

PARTICULARS OF VISITOR(S) NAME:

Family name, followed by first forename in full and middle initial(s). Indicate military rank or civilian equivalent rank.

DOB:

Date of birth (day-month-year).

POB:

Place of birth.

CLEARANCE: TOP SECRET, SECRET, CONFIDENTIAL, etc. NATO clearances should be shown only when NATO material will be discussed.

ID/PP: Enter identification card or passport number as applicable.

NATIONALITY: Two letter code for nationality (US or DA).

POSITION: Position the visitor holds in the organization.

COMPANY/ Name of government agency or industrial facility the AGENCY visitor represents.

10. SECURITY OFFICER OF THE REQUESTING AGENCY/ FACILITY Name and telephone number of requesting agency's security officer, if available.

11. CERTIFICATION OF SECURITY CLEARANCE

Appropriate embassy official submitting visit request.

12. REQUESTING NATIONAL SECURITY AUTHORITY

Appropriate embassy official submitting visit request.

13. REMARKS

Use to identify any special instructions for the visit or additional information that may be useful for visit planning.

14. KNOWLEDGEABLE U.S. PERSON

Person at the place to be visited who is familiar with the proposed visit, if available. May be the same as the point of contact.

15. EMBASSY POINT OF CONTACT

Person at the applicable embassy who is handling the visit.